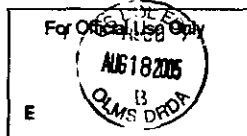


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U - <u>11082</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>JON</u> <u>P</u> <u>SM THERMAN</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1201 NE 125TH AVE</u> City <u>VANCOUVER</u> State <u>WASHINGTON</u> ZIP Code + 4 <u>98664-5725</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS SHOPMEN'S LOCAL NO. 515</u> Labor Organization File Number <u>020-632</u> P.O. Box, Building and Room Number, if any <u>PO BOX 301638</u> Street <u>11620 NE AINSWORTH CIR STE 300</u> City <u>PORTLAND</u> State <u>OREGON</u> ZIP Code + 4 <u>97220-9016</u>
5. Position in labor organization. <u>TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>J. P. Smith</u>	On <u>8/11/05</u> <u>(360) 253-5142</u> Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name EMPLOYERS SHOPMEN'S #516 TRAINEE TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11620 NE AINSWORTH CIR STE 100

City PORTLAND

State OREGON ZIP Code + 4 97220-9016

9. Business deals with:



a. Labor Organization

SHOPMEN'S LOCAL UNION #516
OF THE IABSORIW

b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUST FUND FOR THE EMPLOYERS AND MEMBERS OF
LOCAL 516 PROVIDES TRAINING AND APPRENTICE-
SHIP PROGRAM

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

WAGES PAID FOR INSTRUCTOR HOURS.

12.b. Amount.

\$3991.25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Ron Slaven
1320 W. National Drive
Sacramento, CA 95834

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US DEPT OF LABOR
ESA/OLMS #N5616
200 CONSTITUTION AV. NW
WASHINGTON DC
20210-0001

2. Article Number

(Transfer from service label)

7002.2410.0001-7094.3453

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
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- Sender: Please print your name, address, and ZIP+4 in this box •

John Shepard
515 Sawyer Ave.
West Babylon, NY 11704